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** CONTINUING DATA *****
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

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TITLE
 Diagnosis of gluten sensitive enteropathy and other autoimmunopathies

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)